

# STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Long-Term Support Administration PO Box 45600, Olympia, WA 98504-5600

October 23, 2019

## CERTIFIED MAIL #7007 1490 0003 4199 2055

Administrator Highland Court Memory Care 1704 Melody Ln Port Angeles, WA 98362

Assisted Living Facility License #2378

Licensee: Highland Court Operating Company LLC

## **IMPOSITION OF CIVIL FINE**

#### Dear Administrator:

On October 10, 2019, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter constitutes formal notice of a civil fine on the license for your assisted living facility, also known as **Highland Court Memory Care**, located at **1704 Melody Ln**, **Port Angeles**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 10, 2019.** 

#### Civil Fine

#### WAC 388-78A-2210(1)(b)(2)(a)(b) Medication services

\$1,500.00

The licensee failed to ensure one resident received medications as ordered, resulting in the resident having to be hospitalized for treatment.

NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.

# Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

The date you have or will have each deficiency corrected;

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• A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Chris Cornell, Field Manager
Region 3, Unit D
PO Box 45819
Olympia, WA 98504
Phone: (360) 664-8421 / Fax: (360) 664-8451

### **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

# Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. All IDR requests must be in writing and include:

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

# The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

### Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fine. All hearing requests must be in writing and include:

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

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The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings PO Box 42489 Olympia, Washington 98504-2489

## Payment:

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for \$1,500.00 payable to the 'Department of Social and Health Services', and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check, to:

> DSHS Office of Financial Recovery PO Box 9501 Olympia, Washington 98507-9501 1-800-562-6114

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact please contact Chris Cornell, Field Manager, at (360) 664-8421.

Bett Schlemmer, RN, MN, MPA Field Operations Office Chief

Residential Care Services

#### Enclosure

Field Manager, Region 3, Unit D cc:

> RCS Regional Administrator, Region 3 HCS Regional Administrator, Region 3 DDA Regional Administrator, Region 3

WA LTC Ombuds

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> Office of Financial Recovery, Vendor Program Unit HQ Central Files DRW sg